



Boy Scout Merit Badge Courses



Swimming Merit Badge

Swimming is a leisure activity, a competitive sport, and a basic survival skill. Scouts who earn this badge will learn about safety when swimming and diving, how swimming can contribute to overall fitness and health, and gain some basic competitive swimming skills. This is a required merit badge for the Eagle Rank.

Swimming Merit Badge

Dates:	Times:	Registration Dates:
Mar. 6, 13	7 – 9 PM	Feb. 1 – Mar. 5
Apr. 10, 17	7 – 9 PM	Feb. 1 – Apr. 9
May 15, 22	7 – 9 PM	Feb. 1 – May 14

Other Information:

Must have completed 2nd Class Requirements 7a, 7b and 7c and 1st Class Requirements 9a, 9b and 9c.



Lifesaving Merit Badge

The Main purpose of the Lifesaving Merit Badge is to prepare Scouts to assist those involved in water accidents, teaching them the basic knowledge of rescue techniques, the skills to perform them and the judgment to know when and how to act so that they can be prepared for emergencies. This is a required merit badge for the Eagle Rank.

Lifesaving Merit Badge

Dates:	Times:	Registration Dates:
Mar. 20, 27	7 – 9 PM	Feb. 1 – Mar. 19
Apr. 24, May 1	7 – 9 PM	Feb. 1 – Apr. 23
May 29, Jun. 5	7 – 9 PM	Feb. 1 – May 28

Other Information:

Must have completed 2nd Class Requirements 7a, 7b and 7c and 1st Class Requirements 9a, 9b and 9c. Completion of Swimming Merit Badge is recommended.



Swim Checks, Webelos Aquanaut, 1st/2nd Class Requirements

Pass the swim check required to participate in aquatics at camp! Complete the aquatic requirements for second and first class with the safety of a merit badge counselor and certified lifeguard. Also available is the Aquanaut Webelos Activity Badge.

Swim Checks

Dates:	Times:	Registration Dates:
Apr. 3	7 – 9 PM	Feb. 1 – Apr. 2
May 8	7 – 9 PM	Feb. 1 – May 7
Jun. 12	7 – 9 PM	Feb. 1 – Jun. 11
Jun. 19	7 – 9 PM	Feb. 1 – Jun. 18
Jun. 26	7 – 9 PM	Feb. 1 – Jun. 25



Please call The Park Center (801) 284-4200 for more information
www.murray.utah.gov

Murray City Boy Scout Merit Badge Registration Form

Merit Badge Cost

Member/Resident: \$12

Non-Resident: \$15

Swim Check Cost

Member/Resident: \$7

Non-Resident: \$9

Childs Name: _____ Age: _____ Birth Date: _____

Class registering for: _____ Grade: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Work Phone: _____

Home Phone: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____

Does the participant have any physical limitations? _____ No _____ Yes

If yes, please explain: _____

Head Injury and Concussion Policy

In any sports activity run by the Murray City and every agent, coach, referee, or employee thereof shall immediately remove a child of 18 years of age and younger from participating in a sporting activity if the child is suspected of sustaining a concussion or a traumatic head injury

1. The child will be prohibited from participating in any sporting activity until the child is evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion; and provides the City with a written statement from the qualified health care provider stating that:
 - (a) the health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and
 - (b) the child is cleared to resume participation in the sport activity.
2. A child participant, or parent or legal guardian of a child participant, who suspects the child participant may have sustained a head injury or concussion at any time during a game, class, course or season of a sports activity, regardless of location such suspected head injury was sustained, must immediately make it known to a City staff member.
3. Before a child is allowed to participate in any City sports activity, the parent or legal guardian shall inform City staff members as to whether the child participant has ever sustained a concussion or head injury. If a child has previously sustained a head injury, the parent or legal guardian shall provide City with clearance as explained in section 2 above.
4. The City, in its discretion, may consider temporary or permanent disqualification from contact sports or sports with a higher likelihood of head injury for participants who have previously sustained three or more concussions and experienced slowed recovery.
5. Before a child is allowed to participate in any City sports activity, the parent or guardian of the child must sign the attached acknowledgement and release.

As the parent or legal guardian; I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that:

[] my child has not previously sustained a concussion or head injury; or

[] my child has previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs and fees from concussions or head injuries that arise when I have not complied with the Policy.

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which I, as the participant, (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, and liability release form and agree to all of their terms and conditions.

Signature of Parent/Guardian: _____ Date: _____



PARK-CENTER

The Park Center
202 East Murray Park Ave.
(801)284-4200
www.murray.utah.gov

Office Use Only

Paid \$ _____

CASH CHECK VISA
DISC AMEX MC

Date: _____ Staff: _____